

<p style="text-align: center;">PLAN REVIEW APPLICATION FOR SUBSURFACE SEWAGE DISPOSAL SYSTEM(s)</p>
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Date Received: _____

Location (Address): _____

Owner: _____ **Phone** _____

Plan Submitted By:

☐ **Engineer** _____ **Phone** _____

_____ **Address** _____ **City, State, Zip**

☐ **Installer** _____ **Phone** _____

_____ **Address** _____ **City, State, Zip**

☐ **License Number** _____

Plan Type/Fee:

☐ **For Installation** ☐ **\$200.00** **Date Paid** _____

☐ **New** ☐ **Repair**

☐ **For B100a** ☐ **\$150.00** **Date Paid** _____

☐ **B100a with Installation** ☐ **\$350.00** **Date Paid** _____

☐ **House Plans Submitted** ☐ **Site Plan Submitted**

☐ **Plan Approved** **Date** _____

☐ **Comment** _____

☐ **Permit Issued** **Date** _____

☐ **Permit #** _____

☐ **Revision Approved** **Date** _____